

Release/Hold Harmless

PLACE
STAMP
HERE

I agree to release Georgetown Ice Center, Georgetown Township Board of Trustees from all claims, actions, causes of actions, damages by the undersigned person, their parents/guardians, and for loss or injury resulting from the participation of such person in this program. I further agree to indemnify and save harmless such parties from all claims, actions, damages or demands including all costs and expenses incurred in defending any such claims or actions. I have read the release and understand that this is a full final release of all claims for injuries and damages sustained in Georgetown Ice Center and understand the responsibilities I have assumed thereunder.

Signature _____

Date _____

Contact Us

Georgetown Ice Center
8500 48th Ave
Hudsonville, MI 49426

(616) 662-2800
georgetownhockeydirector@gmail.com

Visit us on the web:
www.georgetownice.com

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8500 48th Ave
Hudsonville, MI 49426

Adult Instructional League



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GEORGETOWN ICE CENTER

**Fall 2014
Tuesday Nights**

Program

This league is for adults who want to work on their individual and game skills in an instructional environment. Participants will enjoy learning and improving their skating, puck skills, & game skills through challenging drills and on-ice games. Instruction will be high tempo, positive, and suited to the skill level of each player. Each night will end with 20-30 minutes of game play. Each session consists of 12 hours of on-ice instruction. A jersey is included in your cost.

Tuesday Nights 8:40m



Instruction Includes

Skating

- Forward & Backward
- Edges
- Pivots
- Stride

Puck Skills

- Puck Handling
- Passing
- Shooting

Game Skills

- 1v1, 2v1, 3v2
- Breakouts
- Offensive & Defensive positioning
- Face-offs

Game 20-30 minutes



Cost

\$225 includes jersey

Goalies FREE: First come, first served

Tuesday Nights 8:40-9:30pm

Starts Sept 30 OR Oct 6 (12 weeks)

Payment Method (if not registering online)

____ Check enclosed for \$225.00 payable to Georgetown Ice Center.

____ Credit Card: __ Visa __ MC

CC # _____

Exp. Date _____ CVC Code _____

Signature _____

Participant:

Address:

City _____

State _____ Zip _____

Jersey Size _____

Phone _____

Email: _____

(616) 662-1120 HOCKEY PRO SHOP

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